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CONFIRMATION NO. 8805

SERIAL NUMBER 10/718,023	FILING DATE 11/19/2003 RULE	CLASS 434	GROUP ART UNIT 3715	ATTORNEY DOCKET NO. 03-125
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APPLICANTS

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KYS
KYF

* CONTINUING DATA *****

None KYF

* FOREIGN APPLICATIONS *****

None KYF

F REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

* 03/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 8	TOTAL CLAIMS 71	INDEPENDENT CLAIMS 2
5-USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Examiner's Signature <i>KYS</i> Initials KYF				

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TITLE

Touch language

FILING FEE RECEIVED 844	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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